R E M A R K S

Careful review and examination of the subject application are noted and appreciated.

SUPPORT FOR THE CLAIM AMENDMENTS

Support for the claim amendments can be found in the drawings as originally filed, for example, in FIGS. 6, 7, 9 and 10. Support for the amendments can also be found in the specification as originally filed, for example, in paragraph nos. [0015], [0024], [0032], [0034], [0035], [0040], [0041], [0047], and [0048]. Thus, no new matter has been added.

CLAIM REJECTIONS UNDER 35 U.S.C. §103

The rejection of claims 1-92 under 35 U.S.C. §103 as being unpatentable over Fu et al. (U.S. Patent No. 4,803,625; hereinafter Fu) in view of Lee (U.S. Patent No. 4,838,275) has been obviated by amendment and should be withdrawn.

In contrast, the present invention provides a networked health-monitoring system comprising a plurality of remote patient sites and at least one central server. Each of the plurality of remote sites is associated with a respective patient and includes a patient device comprising (i) at least one respective display, (ii) a data management unit configured to facilitate collection of patient health-related data, (iii) a memory, and (iv) stored

program instructions for generating health-monitoring related information on the respective display. The at least one central server is connectable for communication with the patient device at each of the remote patient sites. The stored program instructions when executed allow the respective patient at a respective remote patient site to control presentation of health-monitoring related information to the respective patient on the respective display. Claims 47 and 92 include similar limitations. The combination of Fu and Lee does not teach or suggest all the elements of the presently claimed invention. As such, the presently claimed invention is fully patentable over the cited references and the rejection should be withdrawn.

Specifically, the Office Action states that in the combination of Fu and Lee, Fu does not explicitly disclose at least one central server connectable for communication with the data management unit at the patient sites, wherein the system is configured to allow a patient at a remote patient site to control the display of health-monitoring related information on the display (last four lines on page 2 of the Office Action). The Office relies on Lee to bring this element to the combination (see lines 1-5 on page 3 of the Office Action). However, Lee does not teach or suggest at least one central server connectable for communication with the patient device at each of the remote patient sites, wherein the stored program instructions when executed allow

the respective patient at a respective remote patient site to control presentation of health-monitoring related information to the respective patient on the respective display, as presently claimed. In particular, Lee is directed to a system where the patient cooperates only passively and a highly trained observer at a central office is responsible for conducting routine diagnostic sessions (see Abstract and column5, lines 52-55 of Lee). Lee goes on to state that the approach of Lee requires minimal participation, training, knowledge, mental ability and cooperation by the person being monitored (column 5, lines 35-38 of Lee). The description of a display which the Office relies on (i.e., column 5, line 64 through column 6, line 27 of Lee) is directed to a description of the central office where the highly trained observer is located, not to the patient subscriber apparatus used for automatic sensing with only passive cooperation by the patient. In fact, Lee underscores the importance of the display being for the highly trained observer in that a restroom 114 is provided for the highly trained observer which does not interfere with the observer's ability to monitor the display (see column 12, line 65 through column 13, line 4 of Lee). A person of ordinary skill in the pertinent art would not view Lee's requirement for minimal participation for a patient and a centrally located display for use by a highly trained observer who is constantly monitoring a patient, as teaching or suggesting a remote patient site including

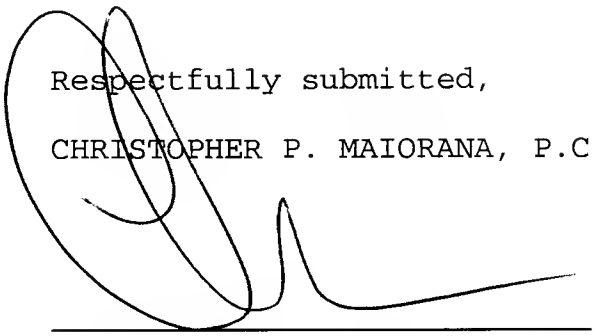
stored program instructions, wherein the stored program instructions when executed allow the respective patient at a respective remote patient site to control presentation of health-monitoring related information to the respective patient on the respective display, as presently claimed. Therefore, the combination of Fu and Lee does not teach or suggest all the elements of the presently claimed invention as required under MPEP §2143 to support a conclusion of obviousness. As such, the presently claimed invention is fully patentable over the cited references and the rejection should be withdrawn.

Claims 2-46 and 48-91 depend, directly or indirectly, from either claim 1 or claim 47 which are believed to be allowable. As such, the presently claimed invention is fully patentable over the cited references and the rejection should be withdrawn.

Accordingly, the present application is in condition for allowance. Early and favorable action by the Examiner is respectfully solicited.

The Examiner is respectfully invited to call the Applicant's representative at 586-498-0670 should it be deemed beneficial to further advance prosecution of the application.

If any additional fees are due, please charge Deposit Account No. 50-0541.



Respectfully submitted,

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Dated: September 28, 2009

c/o Sandeep Jaggi
Health Hero Network

Docket No.: 03-0920 / 7553.00096